

Avenue Surgery

Quality Report

1 The Avenue
Cirencester
Gloucestershire
GL7 1EH
Tel: 01285653122
Website: www.theavenuesurgery.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Avenue Surgery on 19 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The leadership team led by example and encouraged cooperative, supportive relationships among staff so they felt respected, valued and supported.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. The monthly practice meeting was utilised to ensure appropriate monitoring and reviews of events took place.
- The practice had taken a proactive approach to safeguarding and focussed on early identification of vulnerable adults and children.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. Any updates to guidelines were discussed at the weekly clinical meeting and changes made to practice as appropriate.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had developed a standardised end of life package which had increased quality of care by ensuring all GPs offered

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the same information and care to patients. This had led to a reduction in the number of calls made to the emergency services. The practice had received positive feedback from a family regarding the quality of the communication they had received and the level of trust and care they had received.

- The practice had accessed funds from the Prime Ministers challenge fund which enabled increased patient appointments to deliver a comprehensive review to patients with chronic obstructive pulmonary disease (a long term chronic disease that affects the lungs) who were at risk of hospital admission over the winter months.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. The areas from the survey which were lower than others had been analysed and an action plan put in place to improve these.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff responded compassionately when people needed help and support. For example, a GP called all of the patients living on a flood plain, during inclement weather to check on their wellbeing. Also when a patient with dementia walked into the surgery lost, a member of staff recognised them and walked them home to a concerned relative.
- The practice had identified that there was a lack of continuity of care for patients with learning disabilities. Improved consistency and quality of care for this group of patients was achieved by ensuring a nominated GP had responsibility for their care.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was proactive in identifying patients with dementia. A member of staff had become the practices dementia champion and all staff had received training in

Good



Summary of findings

awareness of dementia. The dementia champion, together with the patient participation group, had arranged for a dementia road show to be held in the local town. The practice invited other local practices to take part in the roadshow.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in the development a complex lower limb service (a service that provides care for patients with complicated leg ulcers).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However patients and staff told us on the day that accessing the practice by telephone to make appointments was difficult. The practice had recognised this and responded to this feedback with an action plan of improvement and a commitment to monitor the situation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The leadership shaped the culture of the practice through effective engagement with staff, people who used the service and stakeholders.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A GP ward round is undertaken weekly at a nearby nursing home that the practice provides medical services for.
- A standardised long term conditions pack has been developed by the practice to ensure all patients receive consistent high quality care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood
- pressure reading (measured in the preceding 12 months) was within target range was (2014/15) was 86% compared to a national average of 77%.
- The practice was working with the local diabetic specialist nurse to ensure diabetic patients were receiving evidence based high quality care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had accessed funds from the Prime Ministers challenge fund which enabled increased patient appointments to deliver a comprehensive review to patients with chronic obstructive pulmonary disease (a long term chronic disease that affects the lungs) who were at risk of hospital admission over the winter months.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people whose families had known drug or alcohol problems.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014 /15) was 82% which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone appointments were available at the end of the working day and early morning appointments were available to accommodate those patients who were working.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had identified that there was a

Summary of findings

lack of continuity of care for patients with learning disabilities. To address this the practice took the decision that one GP would be responsible for their care. This had led to improved consistency and quality of care for this group of patients.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers were identified when registering with the practice. The practice website also encouraged carers to identify themselves as well as giving information and links to support networks. A carers health and wellbeing pack had been designed by the practice and each carer was invited for an annual health check with their own GP. Young carers were identified and directed to the most appropriate service to support their needs.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had recognised the need to be more proactive in identifying patients with dementia. In response to this a member of staff had received training and become the practices dementia champion and all staff had received training in awareness of dementia. The dementia champion had arranged for a dementia road show to be held in the town. The practice invited other local practices to participate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy seven survey forms were distributed and 127 were returned. This represented a 56% response rate and 2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Four cards commented on the difficulty in getting through to the practice on the telephone

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However they also commented on the difficulty of telephone access. Of the 207 patients who responded to the friends and families test January to March 2016 91% said they would be extremely likely or likely to recommend the practice.

Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Avenue Surgery

The Avenue Surgery is located close to the town centre of Cirencester in Gloucestershire with good transport links. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 6,600 patients.

The practice average patient population is slightly higher than the national average in the 40 to 70 years age group. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low-range for deprivation nationally but does have pockets of deprivation.

The practice is managed by four GP partners, two male and two female and supported by one male salaried GP as well as three practice nurses, one being a nurse prescriber, one healthcare assistant and an administrative team led by the practice manager. The Avenue Surgery is a teaching and training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11am every morning and 2.30pm to 5.50pm every afternoon. Telephone appointments are also available throughout the day. Extended hours surgeries are offered between 6.45am

and 8am on Tuesdays and Wednesdays or Thursdays each week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours service is provided by South Western Ambulance Service NHS Foundation Trust (SWASFT).

The practice has a General Medical Services contract to deliver health care services; the contract includes enhanced services such as extended opening hours, online access and diabetes services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Avenue Surgery is registered to provide services from the following locations:

1 The Avenue, Cirencester, Gloucestershire GL7 1EH

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, significant events are seen as drivers towards quality within the practice. There was evidence that all members of staff contribute towards significant event reporting. They are discussed at each weekly team meeting and outcomes and learning points are shared and recorded. The practice also held a meeting twice a year to reflect on all reported incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw that the practice was proactive in identifying children potentially at risk. All patients who were experiencing drug and alcohol related problems were identified and children living in the household were coded as children of concern.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Hand washing audits were also undertaken on a regular basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer influenza vaccines against a patient specific direction from a prescriber.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and non clinical staff once every three years. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. At the weekly clinical meeting any changes to guidelines were discussed and recommendations for changes to practice made.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example following an audit of patients with a certain heart condition it was identified that some were not receiving the recommended medicines to prevent a stroke. This was actioned by the practice to ensure patients were being managed in line with guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with an exception rate of 14% which was 2% above the clinical commissioning group (CCG) and national average rate of rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 /15) was 86% compared to a national average of 77%

- Performance for mental health related indicators was better than the national average. The percentage of patients with a serious mental health condition who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 /15) was 100% compared to a national average of 88%.

The practice was found to have high exception reporting in; asthma, diabetes and mental health. This was investigated further by the the inspection team on the day of the inspection who saw there were some coding anomalies, particularly for mental health, which the practice were aware of and working to resolve. We were shown an audit that had been completed by the practice to look at this further and an action plan had been put into place to address areas of high exception reporting. For example the practice had investigated each area of high exception coding, a GP had been assigned to look at this further and that changes were in progress to amend policies if a patient had not attended for review following three invitations. There were no common themes as to which patients were excepted and clinical care was found to be in line with guidelines.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was undertaken to understand why complication rates following insertion of a contraceptive device were higher than quoted and predicted by the Faculty of Sexual & Reproductive Healthcare. Changes that were implemented included improved pre fitting counselling for patients. A follow up audit demonstrated complications had reduced and were well within expected levels.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example the nurse leading on reviewing asthma patients had completed an asthma diploma. The practice was working with the local diabetic specialist nurse to ensure diabetic patients were receiving evidence based high quality care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had developed a standardised end of life package which had increased quality of care by ensuring all GPs offered the same information and care to patients. Preferred place of death was routinely documented and all practical aspects of care were discussed with relatives. This had led to a reduction in the number of calls made to the emergency services. The practice had received positive feedback from a family regarding the quality of the communication they had received and the level of trust and care they had received.
- The practice had accessed funds from the Prime Ministers challenge fund which enabled increased patient appointments to deliver a comprehensive

Are services effective?

(for example, treatment is effective)

review to patients with chronic obstructive pulmonary disease (a long term chronic disease that affects the lungs) who were at risk of hospital admission over the winter months.

The practice's uptake for the cervical screening programme was 77% which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake for these programmes were comparable to local and national

averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 97% and five year olds from 87% to 97%, both of which were similar to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and there was a notice at reception advising patients of this.
- We saw several instances where staff had gone the extra mile for patients. For example, a GP called all the patients living in a flood plain during inclement weather to check on their wellbeing and when a dementia patient walked into the surgery lost, a member of staff recognised them and walked them home to a concerned relative.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four of the comment cards made reference to the difficulty in getting through to the practice to make an appointment.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.
- However, 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

We were shown an action plan that demonstrated that the practice had been proactive in identifying from the GP survey areas where they had fallen below local and national average scores. For example the management team recognised that, following a change in the nursing team and the retirement of a very experienced nurse, further support and specialist training was required for the current nursing team. We also saw evidence of plans to monitor this further.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

- The practice had identified that there was a lack of continuity of care for patients with learning disabilities. To address this the practice took the decision that one GP would be responsible for their care. This had led to improved consistency and quality of care for this group of patients.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were identified when registering with the practice. The practice website also encouraged carers to identify themselves as well as giving information and links to support networks. A carers health and wellbeing pack had been designed by the practice and each carer was invited for an annual health check with their own GP. Young carers were identified and directed to the most appropriate service to support their needs.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. An effective system was in place to notify the hospital, community staff and the local pharmacy of a patient's death to ensure that distress to relatives was minimised.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. A GP at the practice was the executive chair of the locality commissioning group, and the practice had piloted a number of projects which were subsequently rolled out to other practices in the area. For example, developing a complex lower limb service (a service that provides care for patients with complicated leg ulcers) and establishing a new way of identifying the variance of NHS resource utilisation between practices.

- The practice offered extended hours appointments between 6.45am and 8am on Tuesdays or Wednesdays each week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had installed a stair lift to improve access to consultation rooms on the first floor.
- The practice had recognised the need to be more proactive in identifying patients with dementia. In response to this a member of staff had received training and become the practice's dementia champion and all staff had received training in awareness of dementia. The dementia champion, together with the patient participation group, had arranged for a dementia road show to be held in the town. The practice invited other local practices to participate in the roadshow.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available 8.30am to 11am every morning and 2.30pm to 5.50pm every afternoon. Telephone appointments are also available throughout the day. Extended hours appointments were offered between 6.45am and 8am on Tuesdays and Wednesdays or Thursdays each week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However patients and staff also told us on the day that accessing the practice by telephone to make appointments was difficult. The practice had responded to this feedback with an action plan that included, installing a queueing system, installing a self check in system to free up receptionists to answer telephones and they were considering installing more telephone lines.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice and on the practice website.

We looked at the three complaints received in the last 12 months and found. These were satisfactorily handled and dealt with in a timely way with openness and transparency.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, where a complaint had been made regarding a consultation, the patient and a relative were invited to the

surgery for a full discussion. A full investigation followed which included a response from the clinician involved. There was evidence that three learning points had been reflected on and shared with the team.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings. Weekly meetings were held with GPs and nurses and a monthly meeting with the multidisciplinary team. The practice closed for two hours for whole practice meetings once a month. This provided opportunity for protected learning time and whole practice discussions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We saw evidence of a culture that led by example. For example the GPs were the first to highlight areas that they could have done better in, so that staff were reassured of a culture that did not attach blame and used this to promote a drive for improvement.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group suggested

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

to the practice that the leaflet rack should be relocated from the waiting room to the hallway to give patients confidence that a leaflet could be selected in private. This was actioned promptly.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we were told that reception staff had suggested that some telephone appointment slots be made available at the end of the working day so that patients could be called when they were not at work, which was agreed to. Staff told us they felt involved and engaged to improve how the practice was run.
- The leadership shaped the culture of the practice through effective engagement with staff, people who used the service and stakeholders.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice has proactively built relationships with the voluntary sector. One outcome was to develop joint working with the local Health and Wellbeing board to establish a locality wide PPG group, chaired by a district councillor. This has led to the practices being better informed of public opinion in order to respond and develop services that are important to the patient population.
- A GP within the practice had identified the need for resources to be allocated based on, percentage of older people, deprivation, employment, health conditions and carers, lifespan and disease mortality within each practice rather than where the individual practice was located. This approach was submitted for a national innovation award and had been successfully implemented for use across all Gloucestershire localities. The GP as a result of this was shortlisted for the Clinician of the Year Award. At the time of the inspection the approach was continuing to be developed however it was too soon for measurement of improved patient outcomes within the practice.